

(This form prepared by the Attorney General's Office)
(Firm, Corporation, or Association application form)

APPLICATION FOR LICENSE TO RETAIL CEREAL MALT BEVERAGES

_____, _____ COUNTY, KANSAS _____,
TO THE GOVERNING BODY OF THE CITY OF _____, KANSAS
or

THE BOARD OF COUNTY COMMISSIONERS OF _____ COUNTY, KANSAS

I _____, on behalf of a firm,
partnership, or association (circle the proper one) known as _____
_____ doing business as _____

_____ hereby apply for a license to retail cereal malt beverages in conformity with the laws of the State of Kansas, and the rules and regulations prescribed, and hereafter to be prescribed by you, relating to the sale or distribution of cereal malt beverage; and for the purpose of securing such license, I make the following statements under oath:

1. The firm, copartnership, or association is made up of the following persons whose names, residences, ages, dates of birth, places of birth, methods of obtaining United States citizenship with date and place of naturalization, if that is the basis of citizenship, together with the length of each person's residence within the State of Kansas and the city or county to which this application is being made, are set forth below:

2. I hereby certify that with regard to each of the above-named persons the following statements are true:

None of them has within the last two years from this date been convicted of:

- (a) A felony
- (b) A crime involving moral turpitude
- (c) Drunkenness
- (d) Driving a motor vehicle while under the influence of intoxicating liquors
- (e) Violation of any state or federal intoxicating liquor law

If any of the above have been convicted of any of the above-specified offenses, the details are set out hereinafter.

3. (a) The premises for which the license is desired are located at _____

(b) The legal description of the premises is _____

(c) The street and number is _____

(d) The building is described as _____

(e) The business will be conducted under the name of _____

(f) The place of business will be conducted by the following manager, if not by one of the firm, partnership, or association members _____

(g) Said manager's place and date of birth _____

(h) Said manager's residence in the State of Kansas in _____ County and in the City of _____ are as follows:

(i) Said manager is a citizen of the United States by birth (), naturalization (), is not a citizen (). If a naturalized citizen, the place and date of naturalization are _____

(j) Said manager has not been convicted of any of the crimes specified in number 2 above (). If he has, the details are as follows: _____

4. The name(s) and address(es) of the owner or owners of the premises upon which the proposed business will be conducted is/are _____

5. This application is for a license to retail cereal malt beverages for consumption on the premises (). For a license to retail cereal malt beverages in original and unopened containers and not for consumption on the premises ().

A license fee of \$_____ is enclosed herewith.

I, _____, one of the partners (), association (), or firm members (), applying for the above-named license to retail cereal malt beverages hereby agree to comply with all the laws of the State of Kansas, and all rules and regulations prescribed, and hereafter to be prescribed by you, relating to the sale or distribution of cereal malt beverages, and do hereby agree to purchase all cereal malt beverages from a wholesaler, licensed and bonded under the laws of the State of Kansas, and do hereby further consent to the immediate revocation of the cereal malt beverage retail license, if any, issued pursuant to this application by the proper officials, for the violations of any such laws, rules or regulations.

(Signature and official position of individual making application)

STATE OF KANSAS, COUNTY OF _____, ss.

I, _____, of the
(Signature and official position)

_____, do
(Name of firm, copartnership, or association)

solemnly swear that I have read the contents of this application, and that all information and answers herein contained are complete and true. So help me God.

(Signature and official position)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____

(Character of official administering oath)

My commission expires on the _____ day of _____, _____

APPLICATION APPROVED this _____ day of _____, _____

By _____
(Official position)

of _____, Kansas
(City or county)

Recorded in Volume _____, at page _____

NOTE: A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE APPLICATION FEE REQUIRED BY K.S.A. 2001 SUPP. 41-2702(e), MUST BE SUBMITTED TO THE DIVISION OF ALCOHOLIC BEVERAGE CONTROL BUREAU, KANSAS DEPARTMENT OF REVENUE.

Rvd 10/2002